Monitoring and Evaluation of Emergency Preparedness at the World Health Organization through Simulation Exercises

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Monitoring and Evaluation of Emergency Preparedness at the World Health Organization through Simulation Exercises

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Introduction

The Core Capacity Assessment, Monitoring and Evaluation (CME) Unit provides essential support to WHO’s Regional and Country offices to assess, monitor and evaluate the status of IHR. The Monitoring and Evaluation Framework Team (M&E Team) works to ensure an accurate picture of members’ states public health capacity to manage emergencies is attained.

Emergency preparedness ensures that the appropriate systems, procedures, and resources are in place and ready to be used to mount a timely and effective response during a real emergency. Public health Simulation Exercises (SimEx) and After Action Reviews (AARs) are an integral part of emergency preparedness. SimEx test emergency response systems, involving health and other sectors, are essential tools to test emergency response plans and to ensure preparedness efforts are operational.

During SimEx, country governments run through emergency scenarios either as discussion-based (table top) or operational based (drills, functional and field/full scale) exercises. Exercises include all parties and partnerships that would be involved in a real emergency scenario. Afterwards, each party comes together to determine and report out both strengths and areas for development. A shared database of lessons learned from simulation exercises would increase transparency and mutual accountability, and enhance capacity building with countries of similar needs.

Problem Statement

Reports from public health emergency response capacity building SimEx are not comprehensively analyzed, summarized, or disseminated to WHO Member States.

Methods

- Recommendations reported from each SimEx report in 2017 were copied into an excel document
- The individual recommendations were sorted by thematic codes
- Team discussions and reiterations of codes resulted in final codes
- Country "lessons learned" were coded by the AAR functions and JEE indicators
- The recommendations summarized by country classification and codes are hosted in the team “Exercise Tracker” database under a new column for updates
- Data analyzed using pivot tables to determine frequency of indicators/functions
- Summative and country based “lessons learned” were organized into document
- A literature review on Critical Incident Reporting databases was completed and shared with the team

Results

Lessons learned from nine SimEx were coded and analyzed by frequency. Frequent indicators were further broken down into actionable items for the WHO partner teams. SimEx specific lessons learned and summative lessons learned were reported out. Examples of indicators (Graphic 1), pivot tables (Graphic 2) and Summative “Lessons Learned” per an indicator studied (Figure 1) are shown below with privacy to the country example.

![Graphic 1: Recommendations per JEE Indicator](image)

Figure 1. Recommendations per JEE Indicator

![Figure 1: Recommendations per JEE Indicator](image)

Conclusions and Future Implications

The results of this project will help countries prepare for Public Health Emergencies. The Excel database will allow for ongoing data analysis and reporting of SimEx. By developing a shared, accessible, and user-friendly online platform to share these findings, countries will have a wealth of knowledge for multi-sector capacity building, including public health surveillance, reporting, notification, and response of disease. This will thereby benefit a more rapid action to emergencies and the prevention of unnecessary deaths and overall wellbeing of individuals.

References:

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